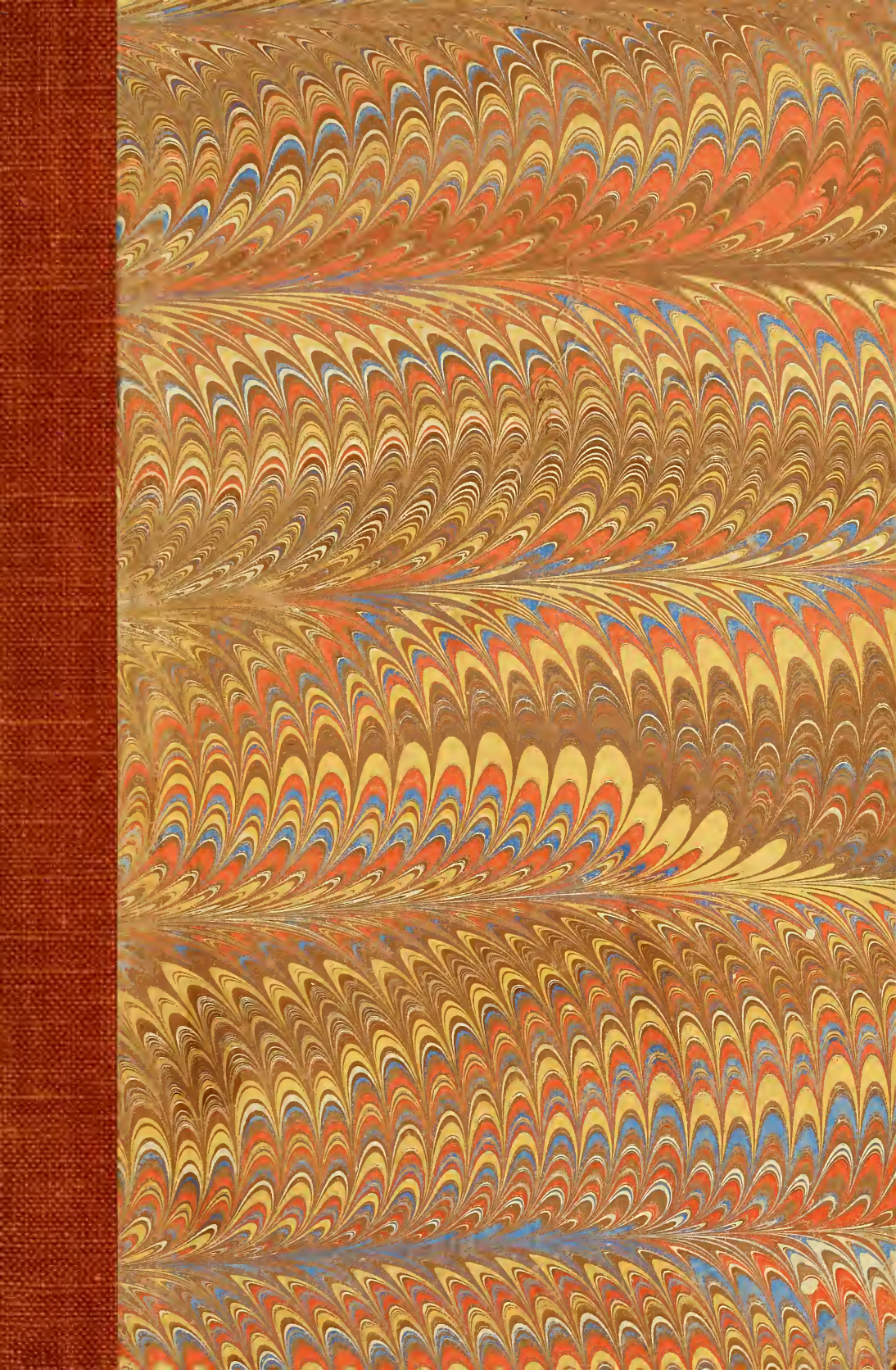

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REPORT

OF THE

Progress of Surgery,

FOR THE YEAR 1878, READ BY

S. EAGON, M. D.,

BEFORE THE

Texas State Medical Association,

SHERMAN, TEXAS, APRIL, 1879.

REPORT OF THE PROGRESS OF SURGERY FOR THE YEAR 1878, READ BY S. EAGON, M. D., BEFORE THE TEXAS STATE MEDICAL ASSOCIA'N, SHERMAN, TEX., APRIL, 1879.

The year 1878 has been specially marked by the advances made in all surgical directors under the antiseptic plan of treatment. German surgeons have simply revolutionized their practice, as regards results at least, since they have adopted Prof. Lister's plan of treating wounds. Not only have distinct advances been derived from the employment of antiseptics, but the whole management of surgical cases has been revised. Scrupulous cleanliness, careful personal attention to the after-treatment of operations, have taken the place of comparative indifference, once the operation was completed. Primary union once a rare event upon which surgeons could but seldom congratulate themselves, is now very commonly attained by the antiseptic plan. Mr. Spencer Wells, whose success in ovariotomy is so widely known, has declared emphatically that ovariotomy in the future must be performed antiseptically. All the pains, the watchful care and untiring attention given by Mr. Wells to his cases, which have realized such magnificent results, are found to be even more successful when accompanied by the antiseptic plan of treatment. Of course Mr. Wells feels that the new method must have its own exponents, and that he can scarcely be expected to throw himself into it with the ferver of younger men.

Mr. Thomas Keith, of Edinburg, whose reputation as an ovariotomist is second only to that of Mr. Wells, has published his experience before and after antiseptics. Impressed with Prof. Lister's experience in 1868, he began to use antiseptic treatment in an imperfect, and therefore unsuccessful manner. For three years he persevered, but abandoned the method. He used every other precaution, and as his experience increased he found, like Mr. Wells, that his mortality diminished, and that, too, in a very marked degree.

Then he came to use the carbolic-acid spray with veay astonishing results. Without antiseptics his mortality over fourteen years was one in seven; of the last five years only not more than one in twenty-one—so much for increasing skill, and taking pains. He compares his mortality with that of German surgeons before antiseptics. They lost 33 of their last 65 cases, while he only lost 6 of his last 70 cases. Since the adoption of antiseptics he has performed 50 operations; of the first 8 cases 2 died; the rest, 42 in number, all recovered. The spray, he says, is neither troublesome nor inconvenient. It is essential to the carrying out of Lister's principles. In summing up the advantages gained from the use of antiseptics in ovariotomy; he says it has (1.) lessened mortality; (2.) this will encourage the performance of the operation; (3.) the drainage tube will be largely dispensed with; (4.) convalescence is rendered easier; and (5.) antiseptics are a great comfort to the operator; he is less worried, and there is a feeling of confidence and security; the constant fret and worry to acquire chemical cleanliness in the hands and in the patients' surroundings, have passed away. In commenting on the extreme attention paid by Prof. Schroeder and others now to cleanliness, he advances the opinion that if a like spirit had been abroad before the days of antiseptics, German results in ovariotomy would have been better than a death-rate of 50 per cent.

Like Mr. Wells and Mr. Keith, Mr. Knowlsly Thornton finds increasing experience of ovariotomy les-

sens the mortality. He also is a warm advocate of the antiseptic plan; and thinks that it is well to take extra precautions and to have a second spray-producer in action, when a tumor of unusual size has to be operated upon.

Not only has the antiseptic plan of treating wounds been laregly accepted in Germany, but the resultant success is such that it is being applied to other matters, where indeed it is sorely needed. The terrible mortality from puerperal fever in Austria and in Prussia is well known. A committee of the obstetrical society of Berlin, has been appointed to investigate the subject, and it has found that puerperal fever is more prevalent and more fatal in the country than in Berlin. It has recommended greater attention to cleanliness, and the use of disinfectants among midwives and others who come in contact with parturient women, as the best means of reducing the mortality.

The next greatest advance made in 1878, is one which is very flattering to American surgery. Putting aside any personal feeling which may exist, every American surgeon must be proud that the work of our countryman, Louis A. Sayre, is being accepted and adopted everywhere. The fairest test of what is the real worth of Sayre's Jacket, and of his principles of taking off pressure from the osseous surfaces when ulcerating, or even becoming inflamed, is to look and see how the profession in Great Britain regard it. There, there are no personal feeling, no professional jealousies to obstruct the spread of the plan, and what is the result? Far and wide we find not only surgeons but general practitioners adopting the plan. In every hospital the paactice of relieving the spine when weak or diseased, from the superincumbent weight, by means of an artificial outer skeleton, formed of light materials, cambric bandages, and plaster of Paris, is in vogue. The long weary years spent on a couch, often with the face downwards, are now no longer necessary.

The cumbrous appliances of machanicians by means of which it was essayed to force the curved spine straight are now relegated to the charnel-house of the dead past, where there are leather-covered midwifery forceps, tape ligatures and gorgets. Numerous modifications of Sayre's plan are suggested by those who have scarcely mastered his prtnciples. But those who have applied themselves to thoroughly understand them have found little to improve upon. In certain conditions of atmosphere the plaster dries very slowly, and it has been found that the use of a hot smoothing-iron rapidly evaporates the superfluous moisture. The felt and poro-plaster jacket advocated by some, is a practical giving up of the principle; for if the external skeleton be once cut up, and its integrity abolished, then it becomes little better than the old supports, "able to prevent a relapse, but not to cure." When Sayre was in England in 1877 it is reported that Forneaux Jordon, of Burminghan, an able and well known surgeon, prophesied that the days of hump-backed men were over; and, speaking in general terms, such seems all but, if not actually accomplished; a happy result of which American surgery may well be proud.

Of Battey's operation for spaying women with incurable ovarian mischief, a less gratifying conclusion alone can be arrived at. Marion Sims, Hegar, Engleman, Gaillard Thomas and Goodell, have all recorded their experience. It would appear that before this operation can be made fairly successful, a better knowledge of the physiology and pathology of the ovaries must be acquired. Further, too, a more intimate acquaintance with ovarian disorders, and a more accurate diagnosis may be essential in making the operation a success. In certain cases the irritation set up by ovarian disturbance may be such that the removal of these organs may bring such constitutional quiet, as to encourage the performance of the operation. Its most promising application, as shown by Goodell, is the arrest of uterine fibroids in their early developments. But so serious an operation

as that of spaying a woman should surely never be essayed until all other means of affording relief have been tried and found inoperative. Though spaying does not unsex a woman, still, it cuts her off from the possibility of ever becoming a mother. It is, in fact, a form of mutilation, which can only be justified under extreme circumstances.

The progress made by American surgeons in special departments is also a matter for congratulation. For instance, the work of Geo. M. Lefferts in connection with disease of the largux is being generally accepted and acknowledged in England and on the continent. His essay on lupus of the larynx is one of great value.

In gnnecological surgery, American surgeons are more than holding their own. Ovaiotomy, the modern treatment of vesico-vaginal fistula are of American origin, and now attempts have been made, and with much success, to open the abdomen for the removal of uterine fibroids on the peritoreal surface of the uterus, and in cases of tubal pregnancy. Wm. T. Atlee has recorded a case of laparotomy for the removal of the dead body of a child, weighing 4 lbs. and 2 ozs., where the mother recovered perfectly. So encouraged is he by this operation that he says, "could the pregnancy be positively recognized at the time of rupture in the early months, we believe it would not be long before some bold operator would venture, and possibly with success, to open the abdomen of a woman, secure the bleeding vessels, or clamp the entire cyst and evacuate the blood."

Prof. Gaillard Thomas has also performed operations for the relief of women with abdominal pregnancy, and with much success. Six times has he performed this operation, and in four cases the lives of the women were in imminent danger. In England, Mr. Jessop, of Leeds, has operated successfully in abdominal gestation, saving alike the life of mother and child. Dr. Thomas believes that abdominal section will be adopted when from a uterine fibroid forcing its way into Douglas pouch, the child's head is pushed forwards; in such a case he

would cut through the vaginal wall and extract the child with the forceps. Such operation was performed by Dr. King, of Edesto Island, S. C., in 1815, the life of mother and child both being saved.

Recent experience is showing us that the peritoneum may be incised with comparative safely, and that the dread of cutting it, which obtained until quite recently was rather a surgical bugbear. The use of antiseptics has undoubtedly done much to encourage surgeons to lay open the peritoneum. We have just seen how at present surgeons are opening the abdomen in diseases of the reproductive organs in women; while in England the subject of opening the abdomen in cases of intestinal obstruction has been much discussed. At the meeting of the British Medical Association at Bath, in August, 1878, the subject was thoroughly discussed by Jonathan Hutchinson, Clifford Allbutt, and others. The resultant conclusion was, that in certain cases of obstruction of the bowels it was not only justifiable, but desirable, to open the abdomen and explore its contents; and when practicable to undo the obstruction. Nothing else can afford even the prospects of relief in many cases, as in twisting of the large bowel, or where a volvulus is formed—in the one case the twist could be released, and in the other the coiling of the intestines could be unravelled, and so a prospect of recovery be afforded. Mr. Pregin Teale, of Leed, has opened the peritoneal cavity in order to search for and deal with obstruction of the bowel no less than six times. He holds the operation justifiable on the grounds that the mere opening of the abdominal cavity is not necessarily a dangerous operation; and that in many cases of obstruction of the bowels a fatal result can only be averted by such operation. His deductions from his last case, which died on the eighth day, are as follows:

1. The opening of the abdominal cavity did not shorten life, but actually prolonged it.

2. Could the operation have been done twelve hours earlier, the probability is that the bowel would have recovered and that the patient might have lived.

3. The operation did not cause peritonitis.

4. When we open the body for obstruction of the bowel, even if the condition causing it be enteritis or peritonitis, we may attain the greatest amount of benefit if we boldly aim at emptying the bowels as far as possible of flatus and fluid by effectual openings—i. e., with the scalpel—so as to replace the bowels perfectly flaccid and free from gas or tension.

5. If the bowels be mechanically emptied of gas and rendered flaccid, the gas is not reformed rapidly, and meantime the circulation of the bowels, being relieved from pressure, has time to recover itself.

May we not look forward to a time when we shall treat peritonitis traumatic, ovarian, or puerperal, by opening and washing out the abdominal cavity and emptying the intestines? He concludes: "Nor is the place of invading the interior of the body confined to cutting into the abdomen."

Mr Davy, of Westminister Hospital, has very ingeniously conceived the idea of compressing the common illiac artery by passing the finger up the rectum. By such plan the serious operation of amputation of the hip-joint has been performed with but a very slight loss of blood. Mr. Davy's plan of slinging invalids and others in a hammock for railway and other journeys is now being largely adopted.

Another plan for the arrest of hemorrhage is now being tried. Since it has been found that injections of comparatively hot water will arrest uterine post-partum hemorrhage, the idea of applying it to other cases has suggested itself. In a case of persisting general oozing from the cut surfaces in a case of amputation of the thigh, Mr. Keetley, of the West-London Hospital, applied water at a temperature of 120 deg. Faharenheit, with the most satisfactory results.

In connection with the pelvis must be considered the geno-urinary organs, which are surgically so important. Of Turnier's forceps nothing further may be said than that many good obstetricians have unhesitatingly

accepted them as superior to any yet invented. In gynaecology no striking advances have been made recently. In amputation of the vaginal portion of the cervix-uteri, Hegar, of Freiburg, has improved upon Marion Sims' operation, by substituting for his sutures a deep penetrating suture passing well into the uterine tissues, by which secondary hemorrhage is largely avoided. Not only do these sutures compress and surround the bleeding vessels, and thus prevent the formation of blood-clot behind the sutures, but they permit of the lower portion of the cervical canal remaining dilated—a circumstance of no trifling importance in cases of sterility.

Hegar accomplished this by running his sutures so that they form the radii of a circle, in the centre of which lies the cervical canal. The mucous surfaces are carefully sewn together, every needle being pushed out in the middle of the wound surface which is to be covered, and then pushed in again, immediately opposite, towards the cervical canal, by which means the mucous membranes can be connected so that they may be joined very intimately together. Spiegelberg employs the galvano-cautery, strongly convinced that if success is to be secured the incision should be made at least one-quarter of an inch above the margin of disease. The wire is pushed up over the part to be amputated, and if necessary a groove may be cut for it by the cautery-knife. The division must be conducted very slowly in order to guard against hemorrhage. The strength of the current must not be too great as the loop may become too hot and snap. If the operation be performed without anaesthetics and the patient complain of a feeling of great heat in the parts, a current of water may be thrown up with the irrigator from time to time, without interrupting the current. If the cancerous infiltration has extended beyond the reach of the loop, the portion extending beyond may be scooped out with the curette, and then the porcelain button of the galvano-cautery or the flat head of the thermo-cautery may be applied.

In matters connected with the male genito-urinary organs the French school maintain their pre-eminence, as shown in the writings of the English surgeons, Sir Henry Thompson and Mr. Teevan, which constantly refer to French work.

Further, it appears these gentlemen are frequently in Paris, making themselves familiar with French work. For years past the soft French catheters and bougies for the treatment of strictures and prostatic disease, have been great favorites with the more famous operators. Very recently Sir Henry Thompson has strongly advocated the employment of the soft "coudee" catheter of M. Mercier, for patients with enlarged prostate. Mr. Teevan has also warmly advocated the flat-headed, spoon-shaped sound of M. Mercier, for the detection of small calculi. He claims for it that it enables a small calculus to be found more easily, the concave surface of the sound presenting a much larger surface-area to the convex stone, than where the sound-surface is convex. Further, the percussion-note produced by the contact of the instrument with the stone is much louder with this form of sound and, finally, this form of beak tends to draw the stone nearer; other forms of sounds tending to push the stone away.

Professor Bigelow's plan of breaking up and disposing of vesical calculi at one sitting has attracted much attention amongst those who wield the lithotrite, and the balance of opinion is largely in its favor. In autograph letter to your reporter of March 12th, Professor Bigelow writes thus of his new method: "Rapid lithotrity has succeeded much beyond my expectations in successfully disposing of average stones, and in some cases of large ones. I may add, in pursuance of your suggestion, that litholapoxy hinges upon the discovery of the hitherto unsuspected tolerance of the bladder under protracted instrumentation, provided only this cavity be left free from fragments." Sir Henry Thompson is changing his opinion and is inclined towards crushing the calculus more thoroughly at a sitting and removing more debris by the aspirator than has hitherto been his practice.

Mr. Teevan has also been impressed with Professor Bigelow's operation, and has recorded a case where he broke up an oxalate of lime calculus of one inch in diameter at one sitting, removing the debris by a perineal incision—the bladder, in this case, being atonied.

Professor Andrews, of Chicago, has devised a valuable instrument for the detection of small vesical calculi. It consists of a hollow metalic sound of the usual form for a searcher, to which is attached a small rubber tube and ear-piece, like those used by aural surgeons. This transmits to the ear the faintest touch of a bit of calculus. "I use it," writes Professor Andrews, "after lithotrity to detect minute remaining fragments, and also small stones just descended from the kidneys." It is much more convenient than the battery and microphone of Sir Henry Thompson, and probably, equally delicate.

Professor Richardson, of New Orleans, recognizing the bladder's tolerance of irritants, has been led to treat chronic cystitis by injections of the nitrate of selver of the strength of 40 to 60 grains to the ounce of water, at the same time adducing from his own practical convincing proofs of the safety and efficiency of the practice.

M. Reliquet has introduced a considerable improvement in the operation of circumcision. Before commencing the operation he passes a director beneath the foreskin and introduces a needle and thread through the mucous membrane and skin. By this means the mucous membrane cannot recede during the operation and is divided at the same time as the skin, thus saving the cutting up of the mucous membrane separately. It is well known that the surface of the dorsum of the glans penis extends for double the distance of the inferior surface, but this anatomical fact has not been recognized and as the foreskin has been lopped off vertically—just as a man is guillotined, it necessarily follows that the surfaces are unequally laid bare. There is a redundancy of material in the dorsum and a scarcity on the under surface of the penis, which gives rise to dragging

on the stitches if erection take place. M. Reliquet has obviated this by making his assistant hold the forceps obliquely, so that more skin is removed from the dorsum than from the under surface.

In the management of ordinary labor Dr. Matthews Duncan has advocated very warmly the use of antiseptics. He uses carbolic-oil for the anointing of the finger for the purpose of examination, and for the hand and arm in turning. When the labour is completed he advises the employment of a solution of carbolic acid by injection, for washing out the passages, especially if any portion of the placenta or membranes be retained. He also applies carbolic acid to the stump of the cord, as occasionally septicaemia arises from ulceration of the stump, leading to blood-poisoning in the infant.

In Dermatology, few advances have been made. Mr. Malcom Morris has invented an ingenious scarificator for the removal of port wine stains and other affections, especially the red tuberous nose-end, which looks exactly like the drinkers' nose. It consists of a number of lancets fixed at the interval of one-thirtieth of an inch by which the skin is thoroughly divided. At the next sitting this is repeated, the incisions being made crosswise, so that the cutaneous blood-vessels are thoroughly ploughed up. A white cicatrix is the result. In Germany the plan of scooping out naevi is adopted. Chrysophannic acid is being largely used for ring-worm. The ethylates of sodium and potassium as painless caustics, are well adapted for the removal of naevi, and have been advocated by Brunton, Richardson, and others. Iodoform, as an application to ulcers and sores of various kinds, has been found very effective, and is coming into general use at home and abroad. India rubber bandages (Martin's) are constantly being more and more used, especially in the treatment of chronic and extensive ulcers.

Very little has been accomplished in the study of inflammation during the past year. Dr. Coats, of Glasgow, has carefully studied the pathology of tetanus and

hydrophobia, and observes in each disease an escape of white blood corpuscles through the walls of the blood-vessels. One of the most valuable contributions to the pathology of inflammation is the report of the Royal Agricultural Society of England, on the pathological-anatomy of pleuro-pneumonia by Professor Yeo. He teaches that the pleura is not primarily inflamed but is secondarily affected, the bronchi being the seat of the primary disease. The virus may be snuffed up the nostrils into the airpassages. The mucous membranes become extensively diseased, the sheath common to the broncho-vascular system is swolen and densely infiltrated. Thrombus may form in the blood-vessels of the affected lobule. The fluid from the enlarged bronchial lymphatics finds its way to the pleural cavity and pleuritis results. From this local pleuritis the adjoining lobules become affected by means of the lymphatics. Similar changes go on in these lobules secondarily implicated, and thus the disease spreads. The infective materials thus tend incessantly to reproduce themselves and to increase the area of disease. He says: "If asked to give a pathological definition of pleuro-pneumonia, I should say it was a chronic, specific, local disease, starting in the bronchi, and insideously implicating the parenchyma of the lung, by occlusion of the bronchi and inflammation extending along the lymphatics; the other organs and the blood possess a singular immunity from the specific contamination. It is not accompanied by constitutional symptoms, and only gives obscure physical signs. At any time during the progress of the disease, its existence may be manifested clinically, by the occurrence of complications—acute pleurisy or hemorrhage infarction with pleural inflammation—which gives rise to high fever, with various functional derangements." We had gathered much material in the hope of being able to present and abstract of the present views of leading authorities on the pathology of inflammation, but we find it practically almost impossible to do so at a time when some investigators are questioning

Cohnheim's doctrine of the passage of the white corpuscles through the walls of the vessels, while others are even extending his views.

The great value of quinine in the prophylaxis of surgical shock, a fact first prominently brought forward by the lamented Easly, is being generally adopted by surgeons, and your reporter predicts that its preventive power against scepticism and traumatic fever, will at no distant period, be more generally recognized. The shock of a surgical injury, even moderate in degree, will frequently serve as a co-operative cause, along with malarial influence, to precipitate an outbreak of periodic fever, which, but for the injury might have been escaped. This we have witnessed many times, and is now a uniform practice with us, to get rid of this complicating element by the prompt and liberal use of quinine. We deem this a fact of great value to surgeons who practice in a malarial district.

For the discovery and full surgical appreciation of the fact that asymmetry as to length of the lower limbs of the same person is the rule and not the exception, we are indebted to Dr. Hunt, of Piluda. The value of this anatomical fact, in its surgical and medico-legal relations, is certainly very great, and already an important case involving a suit for mal-practice has been decided in one of our courts of justice in accordance with this newly discovered fact.

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